FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB Number: 3235-0076

Expires: October 31, 2008

Estimated average burden hours per response: 4.00

Intentional misstatements or em 1. Issuer's Identity	omissions of fact constitute federal criminal	violations. See 18 U.S.C. 1001.
Name of Issuer		Entity Type (Select one)
Broadstone Net Lease, Inc.	Previous Name(s) X None	Corporation
Jurisdiction of Incorporation/Organization		Limited Partnership
		Limited Liability Company
Maryland		General Partnership
Year of Incorporation/Organization (Select one)	08062891	Business Trust Other (Specify)
Over Five Years Ago Within Last Five Years (specify year)	2007 Yet to Be Formed	
If more than one issuer is filing this notice, check tem 2. Principal Place of Business and		PROCES
Street Address 1	Street Address 2	P 0CT 3 0 2008
		THOMSON REUTERS
140 Clinton Square	te/Province/Country ZIP/Postal Code	Phone No.
		(585) 399-7093
Rochester	ew York 14604	(363) 399-7093
em 3. Related Persons		
Last Name	First Name	Middle Name
Leenhouts	Norman	P
Street Address 1	Street Address 2	SEC Mail Process
c/o Broadstone Net Lease, LLC	140 Clinton Squ	lare Section
City Sta	e/Province/Country ZIP/Postal Code	OCT 4 . ac.
Rochester	w York 14604	OCT 14 2008
	Director V Promoter	Washington, DC
Relationship(s): X Executive Officer X	A FIGHTOCE	110
Clarification of Response (if Necessary)		
(Identify a	dditional related persons by checking this bo	$x \mid \!\!\! \!$
tem 4. Industry Group (Select one)	
○ Agriculture	Business Services	Construction
Banking and Financial Services	Energy Electric Utilities	REITS & Finance
Commercial Banking Insurance	Energy Conservation	Residential Other Real Estate
Insurance	Coal Mining	_
Investment Banking	Environmental Services	Retailing
Pooled Investment Fund	Oil & Gas	Restaurants
If selecting this industry group, also select o	ne fund Other Energy	Technology
type below and answer the question below:	Health Care	Computers Telecommunications
Hedge Fund	Biotechnology	Other Technology
Private Equity Fund	Health Insurance	
Venture Capital Fund	Hospitals & Physcians	Travel Airlines & Airports
Other Investment Fund	Pharmaceuticals	•
Is the issuer registered as an investme		Lodging & Conventions Tourism & Travel Services
company under the Investment Comp Act of 1940? Yes No	Manufacturing	Other Travel
Other Banking & Financial Services	Real Estate	Other
<u> </u>		() Umer

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(Select one) Item 5. Issuer Size Aggregate Net Asset Value Range (for issuer Revenue Range (for issuer not specifying "hedge" specifying "hedge" or "other investment" fund in or "other investment" fund in Item 4 above) Item 4 above) OR No Aggregate Net Asset Value No Revenues \$1 - \$1,000,000 \$1 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$5,000,001 - \$25,000,000 \$50,000,001 - \$100,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 Over \$100,000,000 Decline to Disclose **Decline to Disclose** Not Applicable Not Applicable Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply) Investment Company Act Section 3(c) Rule 504(b)(1) (not (i), (ii) or (iii)) Section 3(c)(9) Section 3(c)(1) Section 3(c)(10) Rule 504(b)(1)(i) Section 3(c)(2) Rule 504(b)(1)(ii) Section 3(c)(11) Section 3(c)(3) Rule 504(b)(1)(iii) Section 3(c)(12) Section 3(c)(4) Rule 505 Section 3(c)(13) Section 3(c)(5) Rule 506 Section 3(c)(6) Section 3(c)(14) Securities Act Section 4(6) Section 3(c)(7) Item 7. Type of Filing Amendment New Notice OR First Sale Yet to Occur Date of First Sale in this Offering: |12/31/07 OR Item 8. Duration of Offering ☐ No Does the issuer intend this offering to last more than one year? X Yes Item 9. Type(s) of Securities Offered (Select all that apply) **Pooled Investment Fund Interests Equity Tenant-in-Common Securities** Debt **Mineral Property Securities** Option, Warrant or Other Right to Acquire Other (Describe) **Another Security** Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security **Item 10. Business Combination Transaction** Is this offering being made in connection with a business combination ☐ Yes transaction, such as a merger, acquisition or exchange offer? Clarification of Response (if Necessary)

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tem 11. Minimum Investment					
Minimum investment accepted from any outside inve	stor \$ 100.	000			
tem 12. Sales Compensation					
ecipient	Rec	pient CRD Nu	mber	· 	
				☐ No CF	D Number
ssociated) Broker or Dealer None	(As:	ociated) Broke	er or Dealer CRD Nu	ımber	
		<u> </u>		No CF	D Number
treet Address 1	Stree	t Address 2			
		7ID/D	ostal Code		<u> </u>
City Sta	ate/Province/Cour	try ZiP/Pi	ostal Code		
itates of Solicitation All States					
AL AK AZ AR CA] со 🔲 ст	DE [DC FL	☐ GA ☐ H	I 🔲 ID
□ IL □ IN □ IA □ KS □ KY □	LA ME	MD [MA MI	MN N	<u>'</u>
MT NE NV NH NJ C	□NM □NY □UT □VT	□ NC □ □ VA □	□ND □OH □WA □W		=
RI SC SD TN TX (Identify additional person(s) being paid				hing Item 12 Conti	
Item 13. Offering and Sales Amounts					
\$					
(a) Total Offering Amount		<u> </u>	OR	X Indefinite	
(b) Total Amount Sold \$ 19,695,00	00	<u>,</u>			
(c) Total Remaining to be Sold (Subtract (a) from (b))			OR	▼ Indefinite	
Clarification of Response (if Necessary)		<u> </u>			·
Item 14. Investors					
Check this box if securities in the offering have bee	n or may be sold t	o persons who	o do not qualify as a	ccredited investor	s, and enter the
number of such non-accredited investors who already	have invested in t	ne oπering:	·		
					
Enter the total number of investors who already have	invested in the of	ering: 2	10		
Item 15. Sales Commissions and Finders	' Fees Expen	ses			
Provide separately the amounts of sales commissions check the box next to the amount.	and finders' fees e	xpenses, if an	y. If an amount is n	not known, provide	an estimate a
	Sales	Commissions	\$		Estimate
Clarification of Response (if Necessary)		Finders' Fees	\$		Estimate
		}			

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	ltem	16	lise	of	Pro	ceeds
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m 16. Use of Proceeds		
vide the amount of the gross proceeds of the offering that has been or is a difference of the persons required to be named as exectors or promoters in response to Item 3 above. If the amount is unknowinate and check the box next to the amount.	cutive officers,	Estimate
Clarification of Response (if Necessary)		
Same as estimate on original Form D for this issuer a	nd based on estimated adjusted gross pr	oceeds of \$4.9 billion.
gnature and Submission		
Please verify the information you have entered and review the Te	rms of Submission below before signing and sul	omitting this notice.
Terms of Submission. In Submitting this notice, each ide	ntified issuer is:	
the State in which the issuer maintains its principal place of bus process, and agreeing that these persons may accept service on such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the lactivity in connection with the offering of securities that is the sprovisions of: (i) the Securities Act of 1933, the Securities Exchar Company Act of 1940, or the Investment Advisers Act of 1940, of State in which the issuer maintains its principal place of business Certifying that, if the issuer is claiming a Rule 505 exert the reasons stated in Rule 505(b)(2)(iii).	its behalf, of any notice, process or pleading, an Federal or state action, administrative proceeding. United States, if the action, proceeding or arbitratubject of this notice, and (b) is founded, directlyinge Act of 1934, the Trust Indenture Act of 1939, or any rule or regulation under any of these statuss or any State in which this notice is filed.	nd further agreeing that ng, or arbitration brought ation (a) arises out of any or indirectly, upon the the Investment ites; or (ii) the laws of the
* This undertaking does not affect any limits Section 102(a) of the Nation 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require "covered securities" for purposes of NSMIA, whether in all instances or routinely require offering materials under this undertaking or otherwise ounder NSMIA's preservation of their anti-fraud authority.	e information. As a result, if the securities that are the due to the nature of the offering that is the subject of	subject of this Form D are this Form D, States cannot
Each identified issuer has read this notice, knows the contents of undersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.)	to be true, and has duly caused this notice to be attach Signature Continuation Pages for signatu	signed on its behalf by the ires of issuers identified
Issuer(s)	Name of Signer	
Broadstone Net Lease, Inc.	Kevin Barry	
Signature	Title	
Kerin Dann	Chief Financial Officer	
		Date
Number of continuation pages attached: 2		10/13/08

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

ast Name	First Name	Middle Name	
Tait	Amy	L.	
treet Address 1		Street Address 2	
c/o Broadstone Net Lease, LLC		140 Clinton Square	
ity	State/Province/Country	ZIP/Postal Code	
Rochester	New York	14604	
lelationship(s): X Executive Offic	er 🕱 Director 🕱 Promoter		
 Clarification of Response (if Necessary)			
			_
Last Name	First Name	Middle Name	
Tait	Robert	C.	
Street Address 1		Street Address 2	
c/o Broadstone Net Lease, LLC		140 Clinton Square	
City	State/Province/Country	ZiP/Postal Code	
	New York	14604	
Rochester	I I I CW TOIK		
Rochester Relationship(s): X Executive Offic Clarification of Response (if Necessary	cer Director X Promoter		
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name	cer Director X Promoter	Middle Name	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry	cer Director X Promoter		<u> </u>
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1	First Name Kevin	Middle Name Street Address 2	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC	First Name Kevin	Middle Name	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1	First Name Kevin	Middle Name Street Address 2 140 Clinton Square	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC City Rochester	First Name Kevin State/Province/Country New York	Middle Name Street Address 2 140 Clinton Square ZIP/Postal Code 14604	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC City Rochester Relationship(s): X Executive Office	First Name Kevin State/Province/Country New York Cer Director Promoter	Middle Name Street Address 2 140 Clinton Square ZIP/Postal Code 14604	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC City Rochester	First Name Kevin State/Province/Country New York Cer Director Promoter	Middle Name Street Address 2 140 Clinton Square ZIP/Postal Code 14604	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC City Rochester Relationship(s): X Executive Office Clarification of Response (if Necessary	First Name Kevin State/Province/Country New York Cer Director Promoter	Middle Name Street Address 2 140 Clinton Square ZIP/Postal Code 14604	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC City Rochester Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name	First Name State/Province/Country New York Cer Director Promoter First Name	Middle Name Street Address 2 140 Clinton Square ZIP/Postal Code 14604	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC City Rochester Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Narasimhan	First Name Kevin State/Province/Country New York Cer Director Promoter	Middle Name Street Address 2 140 Clinton Square ZIP/Postal Code 14604	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC City Rochester Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Narasimhan Street Address 1	First Name State/Province/Country New York Cer	Street Address 2 140 Clinton Square ZIP/Postal Code 14604 Middle Name	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC City Rochester Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Narasimhan Street Address 1 c/o Broadstone Net Lease, LLC	First Name State/Province/Country New York Cer	Middle Name Street Address 2 140 Clinton Square ZIP/Postal Code 14604 Middle Name Street Address 2	
Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Barry Street Address 1 c/o Broadstone Net Lease, LLC City Rochester Relationship(s): X Executive Office Clarification of Response (if Necessary Last Name Narasimhan Street Address 1	First Name State/Province/Country New York Cer	Middle Name Street Address 2 140 Clinton Square ZIP/Postal Code 14604 Middle Name Street Address 2 140 Clinton Square	

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name Rosenberger Geoffrey Street Address 2 Street Address 1 140 Clinton Square c/o Broadstone Net Lease, LLC ZIP/Postal Code State/Province/Country City **New York** 14604 Rochester Executive Officer | Director | Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name H. Watters James Street Address 2 Street Address 1 140 Clinton Square c/o Broadstone Net Lease, LLC State/Province/Country ZIP/Postal Code City 14604 New York Rochester Executive Officer | Director | Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) (Copy and use additional copies of this page as necessary.)